HEARING SCREENING REQUEST WAIVER

		School Year	r			
CDS code number		School district				
Address (number and street)				City		ZIP code
Name		Title			Date	
Signature				Office tele	ephone number	
A school district may recycle. This request is for The California Code of F at risk of hearing loss will	waiver of hearing screer Regulations, Title 17, Se	ning for tenth and/o	r eleventh gra s an alternativ	nde pupils.		
 pupils for whom there 	referred for testing by a was a previously documed and a hearing test for threstolled for the first time in	parent or teacher; nented problem; ee years; and the district.				
☐ We will modify the alte	ernative hearing testing p	olan described abov	e in the follov	ving fashion:		
Please submit this for hearing screening does Submit this request to:	s not exempt a school of Hearing Conservation	district from repor				
	Children's medical Se 1515 K Street, Suite 4 P.O. Box 942732 Sacramento, CA 9423	ervices Branch 400	Review	Approved		SPACE approved